

Salem Academy Charter School
Permission to Treat

Student's Name: _____ Gr. _____ Teacher _____ HR _____

I give permission to the school nurse to administer the following medications to my child according to the established protocols. I have crossed out any products that I do not wish my child to receive. **All other medications require a written order from a licensed prescriber (physician, dentist, nurse practitioner) and written parental permission.**

Acetaminophen (Tylenol) Children ages 5-11 years will be given a dose according to their weight*
Children 12 years and older may receive 2 tablets 325 mg. every 4 hours.

Bacitracin Ointment As needed for cuts, scrapes, etc. 1 – 3 times a day.

Calamine Lotion As needed to relieve itching from poison ivy, poison sumac, poison oak.

Hydrocortizone Cream 0.5% As needed 3 times daily to relieve itching associated with minor skin irritations.

Oragel As needed for toothache pain.

Tums antacid tablets **HIGH SCHOOL ONLY** students for relief of acid indigestion, sour stomach, and upset stomach, no more than 6 tablets per day.

Pramoxine HCL (sting relief) As needed for the temporary relief associated with insect bites, hives, and rashes.

To the best of my knowledge, my child has no allergy/sensitivity to any of the above named products.

I give permission to the school nurse to share with appropriate school personnel information relative to any described health concerns. I give permission for the school nurse to share pertinent medical information with appropriate health care providers.

The school nurse will contact, if possible, parents of elementary school students before Acetaminophen is administered.

Parent/Guardian Signature _____ Date _____